

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 09/662,784		Filing Date 15 September, 2000		<input type="checkbox"/> To be Mailed				
				Applicant(s) GEFETER ET AL.		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
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43							93					
44							94					
45							95	1				
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB-06)

Application Number

09/662,784

Filing Date

15 September, 2000

Applicant(s)

GEFTER ET AL.

Page 2 of 2

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151					
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103		1					153					
104		1					154					
105							155					
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108							158					
109							159					
110							160					
111	1						161					
112		1					162					
113		1					163					
114		2					164					
115		2					165					
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146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep	2						Total Indep					
Total Depend		9					Total Depend					
Total Claims	11						Total Claims					

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